PTO/SB/22 (10-00)

PETITION FOR EXTENSION OF	TIME UNDER 37 CFR 1.136(a)	Number 0670-7081
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on	In re Application of Manabu SATO	
	Application 10/586,146 Number	Filed July 14, 2006
		ATION METHOD, WIRELESS FEM USING THE SAME, AND HEREOF
	Group Art 2617 Unit	Examiner Omoniyi Obayanju
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
One month (37 CFR 1	.17(a)(1)) - (\$130/\$65)	\$
Two month (37 CFR 1		\$360.00
	1.17(a)(3)) - (\$1110/\$555)	\$
Four month (37 CFR 1		\$ \$
	.17(a)(5)) - (\$2350/\$1175)	*
□ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$		
A check in the amount of the fee is enclosed.		
□ Payment by EFT.		
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
☑ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2280. I have enclosed a duplicate copy of this sheet.		
I am the applicant/inventor		
assignee of recon	d of the entire interest. See 37 Cder 37 CFR 3.73(b) is enclosed.	FR 3.71. (Form PTO/SB/96).
⊠ attorney or agent Registration r	of record, or attorney or agent ur number provided below if acting u	nder 37 CFR 1.34(a) Inder 37 CFR 1.34(a).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
		6 4
May 7, 2010 Date		Signature
Date	<u>Eric J</u>	I. Robinson, Reg. No. 38,285 Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
☐ Total of forms are submitted.		

Budden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, P.O. Box 1458, Maxemdria, V.2 2314-1450. D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TC. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.